

Speech

“Exasperation on Both Side of the Stethoscope”

By

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Because I was a board certified general surgeon and later a board certified pediatric surgeon, unlike many physicians, I straddled two specialties – surgery and pediatrics. Indeed, my highest academic appointment at the University of Pennsylvania was Professor of Pediatric Surgery and it was followed a number of years later by the same title in the Department of Pediatrics.

In modern days, the Surgeon General has rarely been a surgeon. Indeed, the first contact that got me interested in government service was when I was asked in August of 1980 by a Senate staff person: “Don’t you think it’s time that the Surgeon General was a surgeon!” When I was finally confirmed as Surgeon General by the Senate in November of 1981 the pediatricians looked at me as their representative in government. The American Medical Association, because the Surgeon General has a seat in the House of Delegates, used me as a constant source of information as well as a sounding board for their ideas. The surgical societies to which I belonged, on the other hand, were, to say this as kindly as I can, aloof. For example, I was asked to bring a brief report and update on pediatrics and public health at every annual meeting of the Academy of Pediatrics, while I was in office. I felt constantly a part of the American Medical Association and particularly felt that I was a source of straight-forward information in my activities in the House of Delegates that helped them in their decision-making. My activities with surgeons, on the other hand, were confined to an after-dinner speech I gave for an ophthalmological group in Hershey Pennsylvania and I was asked to an after-dinner speech to the American Pediatric Surgical Association atop of the Trade Towers in New York City.

This speech was an invitation to speak before a plenary session of the American College of Surgeons of which I had been a member since my residency days and I chose to speak of the unrest and growing hostility between patients and physicians by titling my speech, “Exasperations on Both Sides of the Stethoscope”. I acknowledged that I was saddened and angry and I acknowledged that much of the difficulty was our own fault and gave the reasons way I thought that was true.

I talked about the fact that Congress had to step in and enact legislation, setting up a National Practitioner Data Bank on physicians, so that we could find the bad-apples in our number, which we had neglected to do as we so poorly policed ourselves. I wasn’t speaking in favor of the data bank. I called it a tragedy that could have been avoided.

I mentioned that the activity of surgeons as part of the medical professions actually gave the option of ending up in one of four places a decade hence and went into some detail on what those were.

Obviously, this was not a soothing lecture that my audience particularly wanted to hear. I told them that they had their good reasons for exasperation, but asked the question why were their patients exasperated. I then gave thirteen reasons why I thought we had gotten into the situation we then faced, offering solutions along the way. This meeting was in San Francisco and the *San Francisco Chronical* aided and abetted my cause by devoted four full columns on the front page about the deterioration of health care in America.

I closed with a plea. I didn't ask for a return to the nostalgic days of yesteryear, but I did suggest that the doctors of American, in dealing with the patient are representing all of American medicine and therefore, representing American health care. I gave a positive message and did not need some futuristic manifesto promising what we intended to do. What we did need, however, was a clear and persistent affirmation of the many good things we did, day in and day out to make our system of medicine – once we took things at hand – potentially the best in the world.

This was a lecture I would not have given as the Surgeon General. This is a wonderful transitional piece, because I not only called on my lifetime experience in medicine, but my eight years as Surgeon General, and perhaps most important, my most recent experience of producing five one-hour *Prime Time* television specials on the state of health care in America. One could say that this lecture was a philosophical summary of my life in medicine up to this time with a significant look to the future.

Attached to this lecture is an editorial by the CEO of the American College of Surgeons as well as an article from their bulletin on America's uninsured as well as a pertinent clipping from page one, section B of the *New York Times* of October 3, 1990